

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLI.

WEDNESDAY, NOVEMBER 7, 1849.

No. 14.

LARGE DOSES OF CALOMEL IN CHOLERA.

"We must, therefore, endeavor to accumulate more facts, in order to illustrate the effects of calomel, and for the present confess we have very imperfect information respecting the nature of its action."—*Pereira*.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Some weeks since, I addressed you a communication, in which I attempted to give you what I consider a fair history of the use of calomel in the West, and especially in this portion of it. [No. 1, vol. xli.] It was not my purpose to commend or censure that practice, but rather to maintain the idea that a course of practice which may be successful in one section of country, may seem very strange to physicians of another; that, in fact, the physicians of any given portion of the civilized world will be apt to adopt that practice which, upon the whole, is best adapted to their particular region.

When I finished that history, I thought my work was finished; but as the free use of calomel in cholera is very decidedly reprobated by Prof. Bigelow (to which disease alone he confined his remarks), and as there is much difference as to the cases in which calomel is indicated, and as to its mode of action, I have concluded to say a few words more.

I understand it to be the general opinion of the profession in this neighborhood—it certainly is mine—that there is a material difference in the action of a small dose of calomel, say three to ten grains, and a large one, say fifteen grains and upwards. The smaller dose will operate as freely (probably more freely) as a purgative, the stools being thin, yellowish, and attended with more sickness and griping. The large dose, on the other hand, frequently allays restlessness if it be present, arrests watery stools if they occur, and, after twelve or eighteen hours, produces dark, bottle-green, consistent bilious stools—not in quick succession, possibly but a single one. After it is taken, it frequently occasions a sensible increase in the fulness of the pulse. Those who are conversant with this use of the article, can usually tell, for some hours before it operates at all (especially in bilious fever), what the appearance of the stool will be. If it is about to be satisfactory, the skin begins to clear and the countenance to brighten; if there has been diarrhoea, it is arrested. The best effects of calomel are not attended by any pro-

fuse evacuation. On the contrary, if it have failed, there may be a continuance of diarrhœa, a profuse perspiration, a free secretion of urine, or an affection of the salivary glands—though this last rarely shows itself so early.

We look upon calomel as having very decidedly more control over the liver, in re-establishing its secretion when suspended, and in rectifying it when deranged, than any other article of the *materia medica*. So common, I had almost said universal, is the connection between the elimination of the stools above mentioned, and an improved condition of the other secretions, that many physicians, in speaking of the healthy or unhealthy condition of the secretions, have the liver alone in their eye.

Let us now inquire what is cholera? If we look at what is written upon the subject, we will be apt to conclude that, upon seeing a given case, there would be no earthly difficulty in determining whether it is one of cholera or not. But let us visit a case. We find a man, during the prevalence of cholera, who has just had rather a free discharge from his bowels, decidedly yellowish, of the consistence of molasses. Upon inquiry we learn that he feels well enough, except that for a day or two he has had certain ill-defined uncomfortable sensations about his abdomen. We with one accord tell him there is nothing to fear; perhaps give him an opiate or an astringent, and dismiss him. In some ten, twelve or fifteen hours we see him again. He has been quite comfortable upon the whole, but has just had a stool which resembled thin Indian corn mush diluted with a lead-colored fluid. No increase of uneasiness; no nausea. Well, this is not cholera. After some two or three hours, we see him again. He has had a tolerably free rice-water stool; there is a peculiar sensation of distress or sinking at the epigastrium, occasional pains in the bowels; he feels sensibly weakened after the stool: but there is no nausea, and the pulse is not perceptibly deranged. Now there is some difference of opinion. Some will say it is cholera, others it is not. In two or three hours we see him again. He now has had two or three stools of the same character, has vomited, probably has had some cramps in the extremities. The pulse, by those who had felt it previously, may be thought weaker; by those who feel it now for the first time, it may not be thought much amiss. The skin is about the natural temperature, but begins to feel rather sodden. Here there is not much dispute as to the case. Some, however, may set it down as a bad case of cholera morbus. But in an hour or two more the pulse is gone, and perhaps the vomiting and purging; the eyes are sunken, the lips and nails blue, the skin shrivelled, inelastic and covered with a profuse cold exudation; the voice sepulchral, and death quickly closes the scene. Here all admit has been cholera. A question may be asked here—Was this a case of cholera from the beginning? If not, when did it become so? My own opinion is, that at the second visit it should be considered very likely to become a well-marked case of cholera, and treated accordingly. Just as certainly as the fall of the barometer indicates rain, such a change indicates the supervention of "rice-water stools." The full change may not take place, but nineteen times in twenty, if let

alone, it will. At the third, and all subsequent periods, I think it should be considered cholera in different degrees of severity.

It is generally admitted that in cholera, there is a complete destruction of balance in the circulating and secreting functions, with a less perfect destruction of those of the nervous and respiratory. There is a suppression of the secretion of bile and of urine; and a transudation, perhaps more properly than a profuse secretion, of watery fluid from the mucous coat of the bowels and skin.

So much as to the *modus operandi* of calomel and of the nature of cholera being premised, let us now turn to the matter in hand. I would remark, in the first instance, that no man is more ready to admit the truth and propriety of Prof. Bigelow's general remarks than myself; but with all due deference, I must be permitted to doubt whether the case under consideration belongs to that category. Prof. B. says, "I know of no sufficient reason for believing that calomel cures cholera in any doses, large or small. On the contrary, it notoriously fails and has failed in most parts of the world where it has been abundantly tried. In no part of our country have we heard of its being so boldly administered for this disease, as in our western States; and in few parts of the world has a greater mortality attended the epidemic. What confidence has calomel earned for itself in such cities as St. Louis and Cincinnati, where hundreds of people have been dying *daily*, notwithstanding the prevailing use of this drug? Would any medicinal appliance, active or inert, have been followed by more disastrous results?" This, coming as it does from a distinguished teacher of *materia medica*, is truly calculated to take us aback. But let us look at it calmly, forget for a moment the authority from which it emanates, and examine it upon its merits.

What confidence has calomel gained? Let me play the Yankee, and answer one question by asking two. What confidence has any article of the *materia medica* gained at St. Louis or Cincinnati? Has any article fairly proved itself more worthy of confidence? Alas! I fear that at such times and under such circumstances, all medicines, and all modes of using them, will tell discouraging tales. And I repeat, what has done better than calomel? To establish Prof. B.'s view of the mortality at St. Louis and Cincinnati, two things must be proved, neither of which, so far as I know, can be. 1st, That, according to the number of persons attacked, the mortality has been greater in those cities than in other places under the same circumstances. 2d, That this mortality has been mostly among those who were treated by calomel.

In the first place, I have understood, and I believe it is admitted on all hands, that the great mortality at both places took place among the European emigrants, who were thickly crowded together in filthy dwellings, and badly fed. We may very reasonably suppose that these persons were badly nursed, and under any mode of treatment the mortality might reasonably be expected to be frightful. But is there no parallel to Cincinnati and St. Louis? A few weeks since, I read in the *National Intelligencer* a paragraph describing the mortality from cholera in New York, which was to this effect:—"Of 40 families occupying one block of buildings in Corlear's Hook, 31 patients died in two weeks; and it

was stated by the physicians in attendance, that only two of those attacked recovered." Again, the last number No. of the same paper, which I have seen, has a notice running thus. "A letter from Bangor says, 'the cholera spreads to an alarming extent with us. The proportion of deaths here in proportion to the population is equal to the deaths in St. Louis. The number of cases here for the last four days is (as reported) 80 or 100, and most of them have proved fatal.'" This, I should think, would be no disparagement to St. Louis or Cincinnati, especially as Bangor has no foreign paupers to swell the list.

Once more. The last No. of the Medical News informs us, "The regular physicians of Birmingham (near Pittsburg) have been superseded in the treatment of cholera by the homœopathic and other practitioners. The disease is remarkably fatal—the proportion of deaths to the whole number of cases being greater than in any other place from which we have had reports in this country. The proportion of deaths to the population of the infected district is vastly greater than in St. Louis and Cincinnati." From this it would seem that there *may* be a course of treatment worse than that by calomel.

From a general view of the cholera statistics, it appears that about one half of all the cases die. This is, I should think, a very large mortality. I should not require St. Louis or Cincinnati to be tried by that proportion. We all know that the disease will afflict particular localities with great severity. We acknowledge, too, the difficulty of ascertaining what should or should not be considered cholera; and of course the exceedingly great difficulty in determining the relative mortality of different places and of different modes of treatment. There is yet another difficulty. Calomel has been said to have been tried and failed, in cases where I should say it had been tried in such way, that of necessity it must fail.

With these real and acknowledged difficulties before us, upon what ground does calomel rest its claims as a remedy in the treatment of cholera? I answer, upon the Jachin and Boaz of the profession—theory and experience. And, first, as to *theory*. It is admitted on all hands, that in cholera there is a perfect disruption of the balance of the secreting organs—especially that there is a suspension of the secretion of bile and urine. It will also be readily admitted that, to restore health, it is necessary to restore the different organs to their healthy functions. It is difficult to act simultaneously upon all the organs. We must be content to make a first impression on one or more important organs, and draw on the remainder in succession. Whether this first impression is made upon the heart, the skin, the lungs, the stomach, the liver or kidneys, is perhaps not very material, provided, always, we succeed in bringing the other organs into healthful play. I presume that no one will deny that the stomach and the liver are important centres of sympathy, from which healthy or diseased action may be extended to other organs. It is acknowledged, further, that calomel exerts a more decided and certain influence on the liver than any other article of the *matéria medica*. Its control over the stomach, although admitted by perhaps most of the profession, is not so universally acknowledged. With

these *data*, and I hold them to be data in the strict sense of the term, what is there to prevent calomel from being considered an important agent in curing cholera?—in other words, in bringing the stomach and liver within the range of healthy action, which shall facilitate the same change of condition in other organs? Or rather, should I not inquire, Is it not one of the articles to which men understanding what is required to be done, and the means of doing it, would very naturally look? I say one of the articles; I shall certainly not say the only one—nay, I shall not assert that it is the best—but I *will say*, that I will hold myself much indebted to that man who shall prove to me that any other article is better. I think, then, that theory points to calomel as an important agent in curing cholera. But,

2d, “It notoriously fails, and has failed.” Let us look into this. Physicians will sometimes, aye, frequently, give up an article because they have used it in a few cases without success. They do not always stop to inquire whether anything should have been expected to succeed. They will sometimes fail, and abandon an article because they have tried it, it is true, but in such a manner that success would have been little less than a miracle. Some of the magnates of our profession recommend calomel in cholera, in doses of from five to eight or ten grains every two or three hours, united or not with opium, camphor, capsicum, acetate of lead, or what not.* This treatment might do very well in a disease which admitted of treatment from three to twenty days; but in one, in which the treatment must be compressed into as many hours, they and others who follow their advice must expect to fail; and I would prefer that they should traduce the medicine with their tongues, rather than by such practice. It is altogether nugatory. Let us hear what another high priest in the profession says. “I had not more than six severe cases under my own charge, and I congratulate myself that the mortality among them was not greater than the average. Three died, and three (I will not say were cured, but) recovered. The three that died, I was called in to see when the disorder was at its height; in each case it went on with frightful rapidity, and in spite of the means adopted proved fatal a few hours afterwards. The three that recovered I saw somewhat earlier, but still not till the specific symptoms were present.” “They all recovered after large and repeated doses of calomel. Yet, as I said before, I do not affirm that calomel cured them. In the first case that was treated in that way, I merely followed up the plan which had been begun by Dr. Latham, who visited the patient for me when I was accidentally absent. I found that he felt better, less sick and less faint, after taking half a drachm of calomel at a dose; and I repeated the same dose many times, for after each dose the pulse rose

* The following prescriptions are found in Wood's Practice, Vol. I., p. 666. R. *Opii pulv.*, gr. j.; *hydrarg. chlorid. mit.*, gr. ij.; *acacie pulv.*, syrup, aa q. s. *Fiant pil. no. xij.* S. One every half hour, or every hour. R. *Opii pulv.*, gr. j.; *hydrarg. chlorid. mit.*, gr. ij.; *plumb. acetat.*, gr. xij.; *acacie pulv.*, syrup, aa q. s. *Fiant pil. no. xij.* S. One every half hour or every hour, &c. “In urgent cases, a larger dose than any above indicated, may be given at first, so as to produce a prompt impression, which is afterwards to be maintained by the smaller doses. Thus, the first dose may consist of half a grain or a grain of opium, with two grains [?] of calomel.” If anything would make me believe that one third or one half of cholera cases die, it would be reading such prescriptions as these.

somewhat, and he appeared to rally. This was the same man whom I mentioned before as having made no urine from Sunday to Wednesday; all that time he kept discharging rice-water stools. At last, on the fourth day, he passed a *little* water, and his alvine evacuations became rather more consistent, and began to look *green*, and from that time he gradually got well. Afterwards I treated my hospital patients in the same way, and with the same event. Yet I will not pretend to say that these persons might not have done quite as well if they had been left entirely to themselves."—*Watson's Practice*.

This passage, to my mind, proves two things, as far as two cases (for we have but two cases given, although reference is made to a third) can prove anything—that calomel is an important agent in curing cholera; and secondly, that it will sometimes do great good, even in the hands of those who do not know how to use it, and of course have no confidence in it. He used it because Dr. Latham had given a dose which made his patient feel better. He repeated it many times; how often, we are not told—whether four times in the four days, or forty times, important to the proper understanding of the case as it is, we are left in the dark. But we are told that the pulse rose and the patient rallied somewhat—i. e., the calomel produced in part its appropriate and specific effect, after each dose. Yet this Master in Israel did not understand these things; at least did not give his patient the advantage, if he did. But on the fourth day more of the legitimate effects of calomel appeared—the secretion of bile and urine took place, and the patient gradually got well. It is a little singular that a gentleman of as much acumen in investigating disease, as I take Dr. W. to be, should not have reflected that it was remarkable that the successful half of his cases were those which were treated by calomel—that they felt better after each dose—nay, he might have inferred, that if he had increased his doses, or given them more frequently, his patients would have got well sooner. I hope no man will think me disrespectful to Dr. Watson, for he is really one of my favorites in the profession; but I speak what I most sincerely believe, when I say, that if this case had occurred in the hands of any physician in Georgetown, Ky., he would have "got well" in half the time, and very probably with less than half the calomel which he did take.

Again, Pereira, *Mat. Med.*, Vol. I., p. 615, tells us that he has the reports of Bethnel Green Cholera Hospital before him, giving the treatment of 18 cases of cholera. On admittance, two drachms of calomel were given, and a drachm repeated at intervals of one or two hours until some effect was produced. In 17 cases the vomiting and purging diminished, and the patients recovered. The other case took "53 drachms in 42 hours without the least sensible effect." We are not told whether it was all vomited, or the patient was in such a state that nothing could reasonably be expected to do much good. On the same page he quotes Dr. Griffin, who asserts that calomel, in doses of one or two scruples every hour or half hour, proved a most successful medicine in cholera, when given while the pulse was perceptible at the wrist; but that it was injurious in the state of collapse. Of 1448 cases, this plan was successful in 84 cases out of 100.

Here, perhaps, I might close what I have to say upon this head of the subject ; but I will insert what would come in as properly under the next head. Last spring the cholera made its appearance on the farm of Dr. Duncan, on the Mississippi River, and the doctor employed a homœopathic physician, who lost between 50 and 60 patients in succession. He then employed a physician who believed in calomel ; and though many died afterwards, yet there was evidently an astonishing difference in the mortality. This information I have from physicians who reside in the neighborhood of Dr. Duncan's farm.

Again, at Paris, a village of about 1200 inhabitants, 16 miles east of this, the cholera made fearful ravages the past summer. I was told by two physicians who went over there from this place, that calomel was entirely discarded from practice, and all the cholera specifics in vogue in this region were plenty. The physicians said they had tried calomel, and it had failed. But upon inquiry as to the amount of trial, and the circumstances under which the trial had been made, our physicians were convinced that no fair trial had been given to calomel. Of 25 then sick, only two had taken calomel, and those from the advice of a neighbor. Of the 25, only two recovered. After this, more calomel was used, and the disease became more tractable.

We have had three distinct visitations of cholera in our town, of about 1800 inhabitants, the present year—one in May, when 2 died ; one from Aug. 5th to Sept. 10th, when 22 died ; and one from Oct. 1st to the present, when 9 have died. As all the cases which have occurred in the last week (being but few) have been readily managed, we hope we are about to be entirely exempt. The physicians of this place, without exception, place calomel in the front rank of the remedies. We do not rely upon it exclusively ; we use, opium, camphor, ipecac., mustard, capsicum, acetate of lead, cupping, blisters, cold and hot water, &c. &c., as we think a case requires. In all, judging from my own practice, we had from 250 to 300* cases during the three periods, which could be properly called cholera. In May, the first 2 cases died. In August, perhaps the first 5 ; but we did not fall out with an old friend, because it did not succeed in every case ; and the sixth patient took calomel just as if the other five had recovered.

From first to last, I lost five patients. One lived three hours after she was known to be sick, had vomited slightly once, and had had one or four stools (the patient, a negro, and another negro, differed as to the number), amounting to perhaps half a gallon, represented as watery. When I saw her, one hour from attack, she was pulseless, shrivelled, covered with a cold perspiration, but her senses entire. She took, during her illness, about 200 grains calomel. No stools or vomiting after I saw her. Her pulse never became perceptible, and neither the calomel nor anything else appeared to have the slightest effect. Another lived five hours after he was known to be sick, three after I saw him ; but had been with diarrhœa for several days. He had taken, when I saw him, some

* One of my medical friends, to whom I made this statement, thinks the estimate short of the truth.

cholera mixture, was cold, clammy, shrivelled, hoarse, pulse failing. Injection of acetate of lead and laudanum, sinapisms, dry heat, &c. He took about a drachm of calomel (being 10 years old). Went down steadily, neither calomel nor anything else seeming to have any effect. No stool after I saw him. Another lived twelve hours after what he considered the attack, though he had been considerably unwell for some time; and nine hours after I saw him. His pulse was failing when I saw him; skin cold, clammy; violent cramps; rice-water stools every five or ten minutes. Frequent injections of acetate of lead and laudanum; sinapisms; calomel, camphor, &c. For six hours before death had but one stool, when calomel came unchanged. He took about 200 grains of calomel. I did not perceive that it had any effect upon the pulse. Another lived about seventeen hours after attack; eight and a half after I saw her. Pulse failing; skin damp; cramps frequent; stools; obstinate vomiting. Had purged excessively from the beginning of the attack. Sinapisms, blisters, injections of laudanum and sugar of lead; calomel, camphor and opium; calomel, camphor and capsicum, &c. Sank steadily, without any benefit from anything. I do not remember how much calomel she took, but she threw up a great deal of it. The fifth lived about thirty-six hours from attack; twenty-seven from my visit. Had purged immensely; skin cold, clammy, shrivelled; pulse very much gone, but perceptible; tongue cold; cramps. Had but little purging after I saw him; vomited only once; whether he threw up any of his medicine, could not be ascertained. Pretty much the same course of treatment. He took about 200 grains of calomel, 150 of which was after he vomited. He seemed at one time as if re-action would take place, but soon relapsed and sank steadily.

Is calomel practice so unfortunate in cholera? I do not pretend that 99 in 100 cases of cholera, seen before the pulse becomes extinct at the wrist, can be cured. I know that I cannot cure that proportion. If we take the rice-water discharges as the pathognomonic, I had in my own practice about 50 cases, of which five were fatal. I have given a short but fair statement of each. What proportion of deaths the other physicians of the place have had, I do not know, but I presume something about the same. I do not think this success ought to be complained of, when we recollect what is said to be the average mortality—but which, as I have said before, I cannot but consider too high. I know that certain gentlemen called “eclectics” and “homœopaths” claim to cure 90 to 97 per cent. I do not like to talk about things of which I know myself ignorant. So what they say may pass for what it is worth. I do not understand their arithmetic. Homœopathy certainly is said not to have reaped many laurels on Dr. Duncan’s farm. What practice was pursued on Corlear’s Hook, N. York, I do not know; what at Bangor, I am equally ignorant; but as they are not in the latitude of “*calomel fanatics*” (let no man ascribe that phrase to Prof. Bigelow, he did not use it), it is probable calomel did not have more than its share in causing the mortality. Of the great mortality at Birmingham, calomel is expressly exonerated; and of the uncommonly great destruction at Paris, it is clearly innocent. Yet I doubt not that many men at the East

think this mortality a strong argument against the use of calomel ; especially those who know that Paris is only 18 miles from Lexington, where there is a medical school, which at one time was famous for inculcating the use of calomel. The truth is, that both Cincinnati and St. Louis, those unfortunate cities in which calomel has undergone such great disgrace, swarm with illiterate and ignorant physicians, who pretend to have as great a horror of calomel as of a rattlesnake. Such men are precisely such as are most apt to get the management of the ignorant emigrants from Europe. And it is very likely, if the truth were known, the great mortality in both cities occurred in such hands ; and calomel was as innocent of it as it was of that at Paris.

One word as to the ill effects of calomel. Valuable as medicine is, it sometimes produces unpleasant effects, and calomel, like other remedies, is not free from the objection. During the year, I made about half a dozen sore mouths—two of them very sore. Perhaps some of our New England friends will scarcely believe that I did not make more, considering that perhaps every one of fifty patients took from 10 to 300 grains of calomel. But nevertheless it is true ; and what, perhaps, will also surprise them, those patients who took the most calomel, were either not salivated at all, or but slightly. For instance, a negro woman took 160 grains in twelve hours, when re-action came on, with oppression of the brain. At my visit, her master told me he believed she was dying. Upon entering her room she was breathing slowly and heavily, and I thought for a moment her master's apprehensions were too true ; but upon feeling her pulse, there was fulness enough, the skin had become more plump, the surface was warm, and her brain evidently oppressed. I called for a bucket of cold water and a towel. I slapped her roughly about the face and neck, until I aroused her—had her sponged all over with cold water, had her hair cut off, and about twenty gallons of iced water poured over her head in the course of a couple of hours. Here you would say was a beautiful chance for a horridly sore mouth. Well, it was a little sore, but by no means annoying. Another case. A negro man had taken 40 grains of calomel on Sunday morning, which operated pretty well in the evening. Monday morning his mouth was decidedly sore. About noon had a recurrence of bad stools, with cramps. Skin had remained shrivelled since Sunday morning ; pulse failing. I did not hesitate which to choose, a sore mouth or a dead negro. So I gave him 40 grains more. A favorable change took place, and his mouth did not get any sorer by the last medicine. The fact is, that much the sorest mouth which I made was by a single dose of $13\frac{1}{2}$ grains.

Yours, WM. L. SUTTON, M.D.

Georgetown, Ky., Oct. 16, 1849.

P. S.—This communication has been unduly delayed by a press of professional duties, and by a fall from my buggy which disabled me.

W. L. S.

ANÆSTHESIA IN MIDWIFERY.

[Communicated for the Boston Medical and Surgical Journal.]

By the last No. of the London Medical Gazette (pp. 422-3), it appears that, after running wild with chloroform in obstetric practice, the faculty in England are beginning to discover that anæsthetics cannot be safely nor usefully employed in parturition. The following extract from the Journal spoken of will show which way the current now sets in that country, and we hope our brethren on this side of the Atlantic will take the subject into serious consideration, and ascertain for themselves whether it is wise to continue the use of anæsthetic agents in common cases of midwifery.

"There can be little doubt that the note of warning against the indiscriminate employment of chloroform in midwifery, sounded by Mr. Gream, Dr. Merriman, and others last year, and in our own pages from time to time, has been followed by the best results. The éclat which ushered in the announcement of Dr. Simpson's experiments, induced many, if not all, obstetric practitioners to test, by their own personal observation, the powers of the wondrously 'innocuous distilment,' which should deprive 'woman's hour' of its dangers and its pains. The trial has been made—the claims of chloroform and ether, as employed in midwifery, have been tested: the result has been that the little advantage gained by the many, and the great detriment sustained by the few, fully confirms the statements made by Mr. Gream and others, as to the dangers attending the use of these agents, at the same time justifying and strengthening the voice of alarm, so that it is now almost as rare an occurrence to meet with an obstetric practitioner in London who would venture to chloroformize a woman in labor, as it was common, a few months ago, to meet with those who were daily making trial of this new charm for the relief of suffering. After the perusal of Mr. Gream's pamphlet now before us, we feel that they in whose hands the experiment has not resulted in sincere but unavailing regrets, have much cause for thankfulness.

"The profession has been edified by certain physico-theological lucubrations, which, evading the main question of the safety of the practice, have advanced a series of most illogical non-sequiturs as a justification of a measure of doubtful expediency.

"Much reason exists for the supposition that many untoward results have not been so prominently announced as the great importance of the issue demanded. The harmlessness of the agent has, we fear, been exaggerated and misrepresented. The public have therefore been, so far, imposed upon as to the real merits of the question, and at the same time they have been appealed to as judges of the new practice.

"The facts which Mr. Gream has collected amply substantiate the charge of the misapplication of anæsthesia in childbirth. He would be rash indeed who, after its perusal, should continue the indiscriminate use of chloroform in labor. Mr. Gream examines seriatim, by the light of recorded facts, the positions of the Edinburgh Obstetrical Society, and disproves each: he shows that etherization is not sleep, but a state of intoxication; that the degree to which it is required to be produced in

order to cause complete insensibility to pain, is that state of narcotization which is incompatible with uterine action; that this fact accounts for the greater proportion of instrumental deliveries under its influence; that the injurious effects of the vapor extend to the child; that the minor degrees of etherization are attended with lascivious dreams, convulsions, &c.; and concludes by quoting, as evidence of its danger under any circumstances, some of the fatal occurrences which have resulted from its employment in surgery; though the author justly points out the difference, that in surgical cases we may save life by saving pain, whereas in labor the effects of the pain are not so serious as are the consequences of the state of insensibility induced, and therefore its employment in the former alone is justifiable.

"We quote the author's conclusions as conveying the substance of his facts and arguments:—

"1st. That the inhalation of ether or chloroform cannot procure an immunity from the pains of labor, because no degree short of the fourth degree of narcotization can have this effect, and narcotism carried to this extent paralyzes the uterine action.

"2d. That, as etherization in midwifery has no beneficial effect, but simply allays pain, even if this could be accomplished without interfering with the uterine action, it would not be justifiable to employ it, for pain (in good midwifery practice) does not endanger life, and it would be improper to employ so dangerous an agent solely to allay pain.

"3d. That if patients escape the immediate danger of etherization during labor, they all become more or less disposed than they otherwise would be to subsequent puerperal disease.

"4th. That etherization is likely to be very injurious to the child."

CASE OF POISONING BY BI-CHLORIDE OF MERCURY.

BY M. M. FRISSELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. McL——, aged 26, took on Monday evening, April 23d, one drachm of the salt (corrosive sublimate) in solution, supposing it to be an infusion of capsicum with rum. The poison produced intense burning of the throat and fauces, but this did not excite alarm, or call her attention to the medicine which she had taken, as she expected some such effect from the use of the capsicum. Copious vomiting, of a dark frothy substance, and purging, came on in about an hour, and continued at intervals during the night and part of the succeeding day; still she pursued her usual duties about house, though with considerable uneasiness of the stomach and bowels; nor did it occur to her that she had taken poison till early Wednesday morning, when I was called with my partner, Dr. H. Dewing. We found the mouth and tongue brown and parched, with burning in the throat and stomach; countenance flushed; pulse 70, full and regular. We immediately gave the white of eggs three ounces, to neutralize any of the poison which might remain; and directed one ounce of the same to be given every hour for a few hours; also large

quantities of gum Arabic mucilage, with ten drops of laudanum every hour, to allay in a measure the extensive irritation. By pursuing this plan of treatment, on the third and fourth day the severity of the symptoms seemed considerably to abate. The pulse fell to 62, countenance less anxious, with little pain, and no tumefaction of the bowels. This gave some reason to hope that the patient would ultimately recover; but our hopes were dissipated at the end of the next twenty-four hours, when vomiting and purging of a dark grumous matter came on, with stupor and delirium, which increased till death; this took place on the sixth day from the taking of the poison.

One point worthy of remark is, that the pulse did not rise above the natural standard, and maintained a good degree of fulness and regularity until a few hours previous to her dissolution.

Rockville, Ct., Oct. 1849.

LOSS OF SCROTUM AND INTEGUMENTS OF PENIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An injury which occurred in this village, resulting in recovery of health and integrity of the injured parts, showing the recuperative powers of the human system, has been thought worthy of notice in your valuable Journal, and the subjoined description of it is at your disposal.

A young man, aged 23 years, engaged in the Bobbin Factory, was caught, while standing over a revolving arbor or shaft, by his apron, and drawn to the shaft, around which he revolved until he was separated from his clothes, they being twisted around the arbor. The silk cravat from his neck was broken in two places, being wound about the iron. He stood upon his feet immediately after the occurrence of the injury, with a fracture of the right humerus near its middle, a severe contusion of the arm from the shoulder to the middle of the forearm, with the blood streaming down his legs from the place where the scrotum had been. The latter was entirely torn off, the wound extending from midway between the anus and scrotum up to the top of the symphysis pubis, and from one groin to the other. The integuments of the penis were entirely torn off, with the scrotum, up to the collum or union of the skin with the delicate reflection from the glans penis, leaving the skin covering the glans and collum, also the frænum, this being ruptured at its junction with the loose skin. The testicles and penis were therefore entirely naked, except the glans penis and neck, as before stated. There was a contusion at the extremity of the penis, about the size of a half dime, which sloughed off about the diameter and thickness of that coin. The right testicle appeared to be injured, a coagulum of blood occupying the space between the testicle and tunica vaginalis, which coagulum was absorbed in a few days. I gave the patient some assurance that he could be excused from the painful operation to prepare him for an Eastern harem, which assurance was very much strengthened by reading Benjamin Bell's account of a cure after the scrotum was lost from mortification. In Dr. Bell's case, the testicles were covered, after recovery, with thick

cellular substance ; but in this, with genuine skin. Nature succeeded in repairing this horrid breach in about three months. The testicles were drawn up by the cremaster muscles to the external ring. Skin was produced from the whole circumference of the wound, extending itself over the testicles, they being covered with granulations. The skin covering the penis being sent down from the neck, was rather more delicate in its structure than that covering the testicles, but it answered the purpose in every particular, without the functions of the organs being in the least impaired.

The treatment I made use of in the case did not differ materially from that of other wounds where there is an extensive surface of skin destroyed. The day following the injury, it became necessary to use the catheter, but at no other time. There was but a single instance during the treatment that caustic was required to check granulation. The patient recovered entirely the use of his arm, before he was able to walk abroad.

Respectfully yours,

THOMAS SANBORN.

Newport, N. H., Oct. 29th, 1849.

EXTENSIVE INJURY AND EXTRAORDINARY RECOVERY—PROGRESS
OF DENTAL SURGERY IN THE UNITED STATES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The pages of your valuable Journal being open to accounts of improvements or changes in the various departments of medicine and surgery, I beg leave to send you the following report of a case in dentistry, which branch of the healing art has discovered, as far as my observation extends, more evidences of improvement than any other. Amongst the many important and difficult dental operations performed in this city, I was much struck with the details of one as explained to me by my friend, Lient S., of the U. S. Navy. It presents a case of rare surgical and mechanical ingenuity, being, I believe, the first operation of the kind ever performed. The case was remarkable, in the first place, as regards the extraordinary recovery of the gentleman who was the subject of the terrible casualty, showing as well the extent of shock and injury the animal system is capable of sustaining, as the modern improvements and resources of the medical, surgical and mechanical sciences, in meeting with, and overcoming difficulties, however terrific or formidable they may be. Lieut. S., one of our most brave and meritorious officers, with his men, while in pursuit of the enemy, had taken to a most friendly chapparal, and was watching an opportunity either to get at them, or bring them to action. While so engaged, he received a double charge of buck shot in his face and neck, which completely destroyed a large portion of the facial muscles, and entirely carried away two thirds of the lower jaw, and a large portion of the superior maxillary bones with their teeth. In this awful condition, he was either carried on the shoulders of his men, or borne on a litter formed of their muskets and boughs of trees, over bad roads, through morasses, woods and chapparals, a distance of forty miles, before the least medical aid could be obtained.

Notwithstanding this dreadful mode of conveyance, occupying upwards of thirty-eight hours, and exposed as he was to midnight air and miasmatic exhalations, the atmosphere and a large portion of the shot rankling the wound and irritating and prostrating his nearly exhausted vital powers, by the skill of his surgeons, more especially Dr. Smith, of Baltimore, to whose eminent surgical abilities all honor and credit are due, he recovered his health. He still lives, an ornament to our navy, and a monument of those perils and sufferings which our brave army and navy so patiently bear.

In accordance with the recommendation of Dr. Smith, Lieut. S. sought after a dentist who could supply substitutes for the lost portions of his jaw-bones and teeth, and arrange some method for retaining the remaining comminuted bones in position till they healed and knitted together. For this purpose he had travelled over nearly two thirds of the Union, and consulted many of the most eminent of the dental profession without success. Having reached this city, he consulted Dr. A. C. Castle, one of our most eminent dental surgeons. Dr. C.'s accurate anatomical knowledge and familiarity with all the resources of his art, fortunately for the Lieutenant, enabled him to contrive and fit a piece of dental mechanism, which served as an admirable substitute for the lost portions of the jaws and teeth, and at the same time entirely removing all traces of the deformity. In this instance—indeed, it is but one of many—we have evidence of the pre-eminent importance, to dental professional skill, of a thorough medical and surgical education.

Important advances are daily made in the dental art. Colleges, based upon the best and most thorough principles, are springing up in various sections of the States. Indeed, the progress of this science here is attracting much attention in England and on the Continent of Europe; and amongst those things in which we can boast a pre-eminence over the old world, may be safely enumerated dental surgeons.

New York, Oct. 26, 1849.

J. W., M.D.

THE BLOOD OF AN INEBRIATE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If the following case presents any interest, you are at liberty to insert it in the Journal.

Yours respectfully,

81 Charles st., Boston, Oct. 27th, 1849.

GEO. STEVENS JONES.

I was called in great haste to see a patient who was represented to be in a dying condition; and on my arrival at the house, I *really* found him sick, but far from being as bad as was represented. My patient had a severe attack of pleuritis. The symptoms being very urgent, I thought proper to take blood. The peculiar odor emitted by the blood while running from the vein, together with the singular appearance it presented after remaining in the bowl some few minutes, led me to a further examination of it. One half (that is, lateral half) was of the normal appearance, when drawn from a patient laboring under an inflam-

matory affection; the other half had the appearance of milk upon the surface—so much so, that I questioned my assistants as to the fact, although I was quite positive of the vessel being perfectly clean when handed to me. I gave the bowl a rotary motion, yet the fluid would not mingle, remaining just the same as when first observed. What is still more interesting, and to which my attention was attracted, were the fumes of *alcohol*; which were so strong that one would have supposed that article to have been thrown in among the blood. I did not apply a lighted taper to it, but have not the least doubt, if I had, I should have seen it ignite—burning with its lambent flame. Is it at all strange that we find in autopsies of those persons who are in the habitual use of alcoholic liquors, such depositions and concretions? Why should not their tissues be transformed, when their *blood* is so charged with carbon and hydrogen, which is entirely foreign to its vitality. Disease, with all its concomitants, must needs make its ravages—the stomach suffering first, the function of assimilation destroyed; the brain, from continued narcotism, softens, breaks down, and the creature *dies*.

My patient, I learned, drank N. E. rum in large doses, often repeated.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 7, 1849.

Suffolk District Medical Society.—This Society held its first meeting for medical improvement on Saturday evening, October 27th; and if the interest evinced on that occasion by members, old and young, may be taken as an earnest of the future, great benefit doubtless will accrue to all concerned. Between two and three hours were pleasantly, and we presume profitably passed, in listening to "medical communications," both written and verbal.

Dr. C. E. Buckingham presented a highly interesting paper, "A case of constitutional irritation following re-vaccination." A discussion, or rather familiar conversation, bearing upon the case and other irregularities attendant on vaccination and re-vaccination, followed, in which the following gentlemen participated:—Dr. Riofrey, of Paris, present by invitation; the President, Dr. Jeffries; and Drs. J. Bigelow, Homans, Adams, Putnam, Bowditch, Shurtleff and Abbot.

Dr. J. H. Dix read a paper entitled "Crystallization of the vitreous humor," the notable feature of which case was the presence, in the posterior chamber of the eye, of numerous, shining, mica-like particles, floating in the less dense medium of the vitreous humor, some of them reflecting the prismatic colors. Dr. J. B. S. Jackson suggested that this appearance might be due to "cholesterine." The President, and Dr. H. J. Bigelow, made remarks on this case, and Dr. H. W. Williams mentioned two analogous ones seen by him at a Paris *clinique*.

Dr. J. Mason Warren reported a case of "ovarian cyst," ruptured by a fall, the consequent discharge from the patient's bowels of a large quantity of water, the disappearance and non-return of the tumor.

Dr. Bowditch related a case of seemingly severe lung disease, removed, in a short time, by a mild mercurial course. The cough and dyspnoea of six months standing were relieved in one week, and in three weeks the universal sonorous rales, which had existed over the whole chest, had disappeared.

Dr. J. B. S. Jackson, a "case of carcinomatous tumor of abdomen," of remarkably rapid development.

Dr. Abbot, a "case of epilepsy," strongly characterized by the "aura," first felt in the foot, a firm grasp of which would prevent the paroxysm.

Dr. J. W. Stone exhibited a diagram prepared to show the relative rise and decline, from week to week, of cholera and diseases of the bowels, in this city, during the past season.

Meetings of the above character are to occur on the evening of the last Saturday in each month. An eligible room will soon be procured for the use of the Society, when it is to be hoped that all members will unite, and in harmony strive to advance its interests and objects, so well foreshadowed by the transactions at the first meeting.

Free Medical Schools.—The gentleman who has the credit of being the originator of the American Medical Association, N. S. Davis, M.D., now of the Rush Medical College, Chicago, has presented another great thought for consideration, which should command the attention of those who deplore the increase of quackery in these United States. Because the expense of a medical education is now burthensome, and annually becoming more so, interlopers are multiplying, and fast gaining in numbers and resources; in short, quackery of every possible grade thrives exceedingly. A mortifying fact in connection with this state of things is, that the people everywhere patronize this class of practitioners, notwithstanding their ignorance, misrepresentations and utter incapacity in the management of diseases. All this is matter of universal notoriety; but it is useless to apologize for those intelligent persons in the community who countenance such speculations on health, or to reason with any class of people upon the evil consequences that have an origin from this prolific source. Quackery exists, and stares us boldly and unblushingly in the face—and the question is, What is to be done? Dr. Davis says free medical schools must be organized. Here is his own language, cogent and truthful too. Speaking of the expensive character of the schools in general, he says—"It contributes to the general prevalence of quackery, by inducing many, who, in a free country, are determined to be doctors at all hazards, to embrace some of the numerous special systems that can be learned in a week or a month, instead of attempting to encounter the embarrassments of a full and regular course. And that it greatly limits the amount of medical knowledge and consequent skill, which a very large proportion of those who enter the profession are desirous of obtaining, is too evident to require a word. Hence in whatever aspect we view the subject, candor compels us to acknowledge that the present system of medical instruction is alike injurious to the schools, unjust and embarrassing to the profession, and greatly detrimental to the best interests of the whole community." In accordance with the doctrine he inculcates, three of the faculty of the Rush Medical College give their lectures entirely free of charge to all the regularly matriculated students of that institution. It will soon become Rush College, in more senses than one—for there will be an avalanche of young men rushing to Chicago, where knowledge is had for asking; like the tide of emigrants to California, where gold is supposed to be had by simply picking it up.

We foresee that this extraordinary development will lead to a revolutionary movement in places which have been considered as firm as the everlasting hills. A modifying policy must be pursued, or there will be smaller classes in other schools, when this new idea is thoroughly abroad, than have been known since the first days of their formation. Young gentlemen may go to Chicago, and have all and every advantage which a thrifty, chartered college can command, without money and without price. On this new plan, neither begging, nor certificates of poverty, are to be required to gain admission. The rich and the poor will be on the same level—they may hear, see and improve, without paying or feeling under obligations either to the faculty or the State.

Medical Reporting.—Within a few weeks, the schools of medicine, hospital clinics, associations for mutual improvement, and for the registration of such facts as may be of importance to practitioners, will be in active operation, and the pages of this Journal will be open for the communication, from those connected with such sources, of whatever may instruct, advance or elevate the profession. Owing no special allegiance to any particular institutions, cliques or individuals, but always ready to promulgate those suggestions, discoveries and improvements which are intended to enlarge the sphere of medical knowledge and lessen the amount of human suffering, we invite the attention of those, in different directions, who have the opportunity, while so much is transacting that will be both interesting and practically useful, to contribute to the Boston Medical and Surgical Journal.

We acknowledge our obligations to E. W. Blake, M.D., of this city, Secretary of the Suffolk District Medical Society, for an abstract of the doings at its first medical meeting. Each succeeding session, we trust, will have its scientific light diffused in the same manner, for the benefit of those who have not the facilities for becoming familiar with the accumulations in regard to physic and surgery which a great city affords.

Oak-orchard Mineral Springs.—From the analysis of Dr. Chilton, of New York, it appears that the water of this comparatively new locality, is gaining upon the confidence of the medical profession. Dr. Beck, of Albany, speaks of the value of the water in disorders of the digestive organs; Dr. McNaughton, of the same city, fully concurs, it appears, in the same opinion. Other testimony might be adduced, equally important; but as we have on a former occasion said what was considered proper, with a view to encouraging further investigations, it seems unnecessary to dwell any longer on the matter, than to say that physicians will find the acid water securely packed, in different-sized bottles, at Burnett's, Tremont Row; at Little's, corner of Hanover and Salem streets; and at Brown's, 481 Washington street. Dr. Chilton finds the following combination:—Free sulphuric acid, 82.96; sulphate of lime, 39.60; proto-sulphate of iron, 14.32; sulphate of alumina, 9.68; sulphate of magnesia, 8.28; silica, 1.04; organic extractive matter, 3.28. Total, 160.62 grains.

Hastings's Practice of Surgery.—Messrs. Lindsay & Blakiston, Philadelphia, have again contributed to the advancement of young practitioners

and students in surgery, by the publication of a compact, scientifically arranged volume, entitled, "The Practice of Surgery, embracing Minor Surgery and the application of Dressings, &c., by John Hastings, M.D., of the United States Navy. With numerous illustrations." We do not intend finding fault because the minor follows, in the title-page, the higher departments of surgery. The less is necessarily included within the greater. It would be quite absurd to give the profession a treatise on this leading branch of healing art, and not include the elementary parts of it. Who ever read a distinct treatise on amputations, for example, which left the reader wholly without advice in regard to the management of the stump? It is not supposed that any one lays himself open to the law, who intimates that this work is a concentration of whatever is good in all other standard surgical authorities. It is in that light, precisely, that this book will be viewed. The author candidly announces that he has availed himself of whatever suited his purpose. How much better to cull the choicest parts of other books, than attempt the promulgation of new matter, vastly inferior, as it must have been, in this age of chirurgical ability, had the daring experiment been tried. Although the plan of writing expressly for students is not original in this instance, still it is a good one, and deserving of commendation. Books on science are too generally written for those already well taught; but as there must necessarily be students, it is quite proper that there should be elementary guides. In respect to the labors of Dr. Hastings, we consider that he shows himself to be familiar with the subject of surgery; and, moreover, his willingness to stoop, from a high position, to the capacity of students, is praiseworthy.

Medical Catalogues.—Booksellers are not aware, it is presumed, of the pleasure they confer on the purchasers and readers of medical books, by furnishing them with catalogues frequently. Through them they learn of new editions, translations, emendations, corrections in old and standard works, and positively feel gratified by knowing what there is in store for them on a publisher's shelves. But there is one degree of perfection to which the trade have not yet attained; but a hint may be sufficiently suggestive to induce some bold operator in bibliography, to overleap the old walls of mercantile caution, and perfect his list by marking down the price of each book. This is what is demanded; and it is not improbable, since young physic is making revolutionary strides in the way of reform, that the book craft will be compelled to succumb to the spirit of the age. We are not familiar with the workings of curiosity in other parts of the world, in regard to the price of things; but here in New England, it is an element of human character to count the cost; and although we do not presume to be averse to asking questions, it is very pleasant to know the value of an excellent volume at New York or Philadelphia, without being obliged to inquire through the telegraph or the mail, before deciding upon a purchase.

Messrs. S. S. & W. Wood, Pearl street, New York, have just completed a new and copious list of works in anatomy, medicine, surgery, midwifery, dentistry and chemistry, that indicates a spirited determination to provide as extensively for the medical profession as the most ambitious students among them could desire.

Medical Miscellany.—We are informed that Dr. Thomas D. Mitchell has not accepted the chair of the Practice of Medicine in the University of

Missouri, as stated in this Journal a few weeks since. He is permanently engaged as Prof. of Theory and Practice in the Philadelphia College of Medicine, where he is now lecturing to the largest class that has ever attended that institution.—The stranger's fever is abating at Charleston, S. C.—D. J. F. Hassell, of Lexington, Missouri, has gone to Santa Fe to insert a set of teeth for a lady, for which he is to have \$1000.—One of the Botanic-Thomsonian Journals is becoming poetical. There was nothing in it before.—Liebig, the distinguished German chemist, is *positively* coming, and soon, too, though the precise date is uncertain. Republicanism and its disturbances in Germany interfere with him, and so he has determined to escape them for a time by paying a visit to America, with the hope of benefiting his health.—The accounts from Carthage to the 30th of August, state that the cholera had committed fearful ravages in that city. The population exceeded 10,000, and of these, in a short time, one fourth were carried off by the disease. The epidemic not only raged at Carthage, and in the province, but also extended its ravages to Santa Martha and Monpax, where its fatality has equalled that at Carthage.—By order of the Minister of Public Instruction the names of the physicians and medical students in France who have fallen victims to their zeal in treating cholera patients, are to be inserted on a marble tablet in the Dupuytren Museum.—Dr. S. Newton Dexter, of Whitesboro', N. Y., formerly of Boston, is appointed Medical Superintendent of the Lunatic Asylum, at Utica, N. Y., in place of the late Dr. Brigham.

Register of Cases in which Ether was employed at Morton's Letheon Dental Establishment, 19 Tremont Row, for the week ending Nov. 3, 1849.

Sex.	Age	Operation.	Ether.	Ethe- rized in.	Dura- tion.	Temperament.	Pulse.	Remarks.
Female.	22	16 teeth extract.	2 oz.	34 m.	4 m.	Lymphatic.	Quick'd	Quiet.
Male.	3	1 tooth "	1	3	3	Nervous.	130	Resisted.
Female.	20	3 roots "	2	5	14	Lymphatic.	Quick'd	Pleasant dreams.
Male.	38	1 tooth excavat. 3 nerves destr.	5	6	5	Sanguine.	70-130	Thrashed about.
Female.	43	6 roots extract.	4	14	2	Lymphatic.	Inclina.	to vomit.
"	21	Nerve extracted	2	3	3	Very nervous.	83-120	Dreams.
"	25	3 teeth extract.	3	4	2	"	Quick'd	Consc. but insens.
"	18	3 " "	1	3	3	Nervous.		Slight resistance.
Male.	19		3	4	2	Very nervous.		Trembling.

TO CORRESPONDENTS.—A memoir of the late Dr. Joseph Stone; Sketches of Distinguished Physicians, No. 13; and a notice of the late Epidemic in Boston, with a Diagram, have been received.

PUBLISHER'S NOTICE.—Subscribers in Virginia, who some time since received their bills from a medical gentleman of that State who was authorized to act as agent, are requested to forward their respective amounts as soon as convenient, either to him or to the publisher in Boston.

MARRIED.—Dr. Henry Fininley, of Boston, to Miss J. Blaisdell.

DIED.—At Albany, N. Y., Peter Wendell, M.D., chancellor of the regents of the University, 64.
—At York, Michigan, Dr. Maxum, by suicide.

Report of Deaths in Boston—for the week ending Saturday noon, Nov. 3d, 80.—Males, 44—females, 36. Accidental, 1—disease of the bowels, 2—inflammation of the bowels, 1—disease of the brain, 1—consumption, 16—convulsions, 3—childbed, 2—croup, 4—diabetes, 1—dysentery, 3—diarrhoea, 1—dropsy, 1—dropsy of the brain, 2—erysipelas, 1—fever, 1—typhus fever, 5—scarlet fever, 1—typhoid fever, 1—puerperal fever, 1—brain fever, 2—homicide, 1—hæmorrhage of the lungs, 2—hooping cough, 2—disease of the heart, 1—infantile diseases, 6—inflammation of the lungs, 4—marasmus, 4—disease of the liver, 1—quinsy, 1—suffocation, 1—scalded, 1—disease of the spine, 1—suicide, 2—teething, 2—unknown, 1.

Under 5 years, 34—between 5 and 20 years, 14—between 20 and 40 years, 20—between 40 and 60 years, 8—over 60 years, 4. Americans, 37; foreigners and children of foreigners, 43.

Intramural Interments—Southwark Graveyard.—At a recent meeting of the vestry of St. Saviour's, Southwark, respecting the order of the Board of Health for the closure of the Crossbones Burial Ground, it was stated by Mr. Clarke, in support of the order, that it was forty years since this churchyard had been complained of as a nuisance, and at that time the laying down of grave-stones was prohibited. Ten or twelve years after it was determined to lower the surface, which had grown up to a considerable height. The ground was lowered three feet, and the earth carted to Doddington Grove, Kennington, which was now built over the bones of hundreds of the former inhabitants of the parish! From 1826 to 1845 no less than 8,033 burials occurred in their parish, and those 8,033 bodies would take 12,000 square feet of surface, allowing a foot and a half to each, and a depth of six feet—that was supposing them to be buried upright. Their chief graveyard contains only 6,000 feet, and the others did not contain 6,000 feet more. They had been told that graves could be dug in the middle of the ground to a depth of sixteen feet without touching a coffin; and if that were so, might he ask what had become of the 8,033 bodies which had been deposited in nineteen years, which were sufficient to fill double the space, and which would take thirty years to decompose?—*London Medical Gazette.*

A Case of Traumatic Tetanus cured by the Destruction of the Cicatrix by means of Red-hot Iron.—A robust youth, aged twenty-two years, was seized with trismus on the ninth day after the receipt of a wound on the temple, when it had almost healed. He experienced a painful constriction of the chest, followed by reiterated convulsions and opisthotonos. Suppression of urine, delirium, dysphagia, and unconsciousness, followed.

All other means having failed to abate the severity of the disease, M. Remy, on the seventh day of the attack, determined to have recourse to the mode of treatment advised by Larrey, viz. cauterizing the cicatrix in its whole extent with an iron heated to a white heat. The symptoms immediately underwent a great improvement: the convulsive movements became less frequent, and soon ceased entirely; consciousness returned, and the urinary excretion re-appeared; but the muscular rigidity continued, the slightest movement or attempt at the deglutition of fluids produced a sense of suffocation; the recumbent posture had become impossible, and the patient exclaimed against a breath of air. This condition, which lasted from four to five days, disappeared under the use of digitalis in large doses. In fifteen days more, convalescence was complete.—*Comptes Rendus, Jan. 1849.*

Infusoria in the Dejections of Cholera. By M. POUCHET.—Leuwenhæk observed animalcules of the species *Vibrio* in the evacuations of dysenteric patients. M. Donné and others have made similar observations with regard to cholera. M. Pouchet confirms these observations by the discovery of an extremely minute animalcule—the *Vibrio rugula* of Muller and De Schrank. Its movements are sudden and rapid. A practised eye can readily detect the motions of this animal among a crowd of other granules or corpuscles. They have only been observed by M. Pouchet in characteristic rice-water evacuations recently voided: they have not been seen in the vomited matters.—*Ibid.*